

AMBULATORY SURGERY☐ NO 1998 PATIENT SERVICE REVENUE
AND/OR PRIOR PERIOD ADJUSTMENTS
DURING THE CURRENT REPORT MONTH

NEW YORK STATE DEPARTMENT OF HEALTH
1998 PUBLIC GOODS POOL
DIAGNOSTIC AND TREATMENT CENTERS - AMBULATORY SURGERY SERVICES
REPORT OF 1998 PATIENT SERVICES REVENUE RECEIVED AND SURCHARGE OBLIGATIONS
FOR THE MONTH OF _____, _____

PROVIDER NAME _____ OPERATING CERTIFICATE # _____

WHOLE DOLLARS ONLY

A DESCRIPTION	B CURRENT MONTH	C PRIOR PERIOD ADJUSTMENT	D TOTAL (B PLUS C)
1. Total 1998 Ambulatory Surgery Revenue Received, including patient services revenue and all other revenue			
2. Total 1998 Net Patient Services Revenue Received, including surcharges (1)			
3. Less Non-Assessable Revenue:			
a. Payments Related to Medicare Eligible Beneficiaries			
b. Payments Related to FEHBA, Job Corps, CHAMPUS/TRICARE and VA			
c. Payments Received for Contracted Services Performed for Other Designated Providers			
d. Revenue from Subscribers of an HMO which Owns and Operates the D&TC			
e. Physician Practice or Faculty Practice Plan Revenue Based on Discrete Billings for Private Practicing Physician Services			
f. Payments Received Directly from the Public Goods Pool (included above in Line 2)			
g. Governmental Deficit Financing Grants			
h. Other			
4. Total Non-Assessable Revenue (Total 3)			
5. Total Assessable Revenue (Line 2 minus Line 4)			
6. Net Assessable Revenue Received from Direct Pay Payors:			
a. Medicaid, including HMO/PHSP			
b. Other 5.98% Payors			
c. All Other Direct Payors (8.18% Payors)			
7. Total Net Assessable Revenue Received from Direct Pay Payors (Total 6)			
8. Total Assessable Revenue Received from Non-Direct Pay Payors, including surcharges (Line 5 minus Line 7) <i>Breakdown on next page, Lines 9 through 13</i>			

(1) Including recoveries received from 1998 accounts receivable previously written off as uncollectible.

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 FOR THE MONTH OF _____, _____

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WHOLE DOLLARS ONLY

A	B	C	D	E
NON-DIRECT PAY PAYORS	TOTAL ASSESSABLE REVENUE <small>INCLUDING SURCHARGES</small>	SURCHARGE FACTOR	ASSESSABLE BASE (B DIVIDED BY C)	SURCHARGE PAYABLE (B MINUS D)
9. Medicaid-HMO/PHSP/ Non-Specified 5.98% Payors		1.0598		
10. Other 5.98% Payors		1.0598		
11. Self-Pay Uninsured, and Patient/Secondary Payor Co-pay, Deductible or Coinsurance Amounts (where primary payor is a direct pay payor) (2)		1.0818		
12. Non-Specified 8.18% Payors		1.0818		
13. All Other Non-Direct Payors		1.3218		

14. Total **1998** Assessable Revenue,
including surcharges (Lines 9
through 13, Column B)

15. Gross **1998** Surcharges
Payable (Lines 9 through 13,
Column E)

16. Less: Administrative Fee - (2% of Line 13, Column D)

17. Net **1998** Surcharges Payable for the Month - (Line 15 minus Line 16) (carry this amount forward to
the Summary Page)

18. Co-pay and Deductible Patient Payments

(2) This amount would be net of the amount shown above on Line 18 as co-pay or deductible patient payments for which the
patient's third-party payor has directly submitted surcharges.